

2021 SENATE HUMAN SERVICES

SB 2133

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2133
1/19/2021

A BILL for an Act to amend and reenact sections 23-27-04.3, 23-27-04.9, and 50-24.1-38 of the North Dakota Century Code, relating to services provided by community paramedics, community emergency medical technicians, and community advanced emergency medical technicians; and to provide a penalty.

Vice Chair K. Roers opened the hearing on SB 2133 at 11:06 a.m. All members present: Senator Lee, Senator K. Roers, Senator Clemens, Senator Hogan, Senator Anderson, Senator O. Larsen.

Discussion Topics:

- Community Paramedics in the state
- Criteria Development
- Standard practice in Medicaid programs
- Administrative Rule V.S. Century Code
- Defined process for advanced EMT
- Adding Physical Therapists to supervising providers for EMS personnel
- Vaccine consent

[11:07] Senator Lee, District 13. Introduced SB 2133.

[11:17] Caprice Knapp, Director, Medical Services, Department of Human Services. Provided testimony #1389 in favor.

[11:25] Adam Parker, Chair, North Dakota Emergency Medical Services Association (NDEMSA). Provided testimony #1353 in favor.

[11:35] Jay Metzger, President, North Dakota Academy of Physicians Assistants (NDAPA). Provided testimony #1241 in favor and proposed amendment (testimony #1240).

[11:38] Bill Kalanek, on behalf of North Dakota EMS Association. Provided testimony in favor and advised the committee on amendments being drafted by Legislative Council.

Additional written testimony: (2)

Lisa Pulkrabek, Mandan, Citizen. Provided written testimony #1446 in opposition.

Alexis Wangler, President and Co-Founder, Non-Profit Health Freedom North Dakota. Provided written testimony #1456 in opposition.

Madam Chair Lee closed the hearing on SB 2133 at 11:40 a.m.

Justin Velez, Committee Clerk

Testimony
Senate Bill 2133 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 19, 2021

Chairman Lee, members of the Senate Human Services Committee, my name is Caprice Knapp, Director of the Medical Services Division for the Department of Human Services (Department). I am here today in support of Senate Bill 2133, which will establish a credentialing system for community paramedics, community emergency medical technicians and community advanced emergency medical technicians. The bill will also expand North Dakota Medicaid coverage for services provided by these practitioners.

The Department supports the Senate Bill 2133 because:

- Expansion of the roles of community paramedics, community emergency medical technicians and community advanced emergency medical technicians will help address the state's health care workforce shortage; and
- It will facilitate access to care and improved outcomes for high-risk Medicaid members, leading to decreased utilization of services such as emergency departments and overall lower costs of care for members who have access to these services.

Subsection 2 of section 50-24.1-038 of the North Dakota Century Code gives the Department rulemaking authority to govern payments, limitations and exclusions for services provided by community paramedics, community emergency medical technicians and community advanced emergency medical technicians. The scope of practice and credentialing for community paramedics, community emergency medical technicians and community

advanced emergency medical technicians will need to be finalized before decisions can be made regarding the Medicaid services that can be delivered by these practitioners.

Currently, North Dakota Medicaid does not cover all of the services mentioned in Senate Bill 2133. Because subsection 2 of section 50-24.1-38 of the North Dakota Century Code gives the Department rulemaking authority, the services that North Dakota Medicaid is able to reimburse these practitioners will be finalized after the scope of practice and credentialing rules are implemented by the Department of Health. We estimate that North Dakota Medicaid reimbursement for services provided by these practitioners can be in place within 12 months after the Department of Health finalizes the scope of practice and credentialing rules. This will give the Department enough time to promulgate rules that address which Medicaid members are eligible for services and which services are eligible for reimbursement.

The Department estimates a minimal fiscal impact for this bill in the 2021-23 biennium, as it will take some time for the State Health Council and Department to establish credentialing rules and Medicaid coverage rules. It will also take time for the workforce to be established.

This concludes my testimony. I would be happy to answer any questions.

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Testimony
Senate Bill 2133
Senate Human Service Committee
Tuesday, January 19 2021; 11:00 a.m.
North Dakota Emergency Medical Services Association

Good afternoon, Madam Chair and members of the committee. My name is Adam Parker, and I am the Chair of the North Dakota Emergency Medical Services Association's (NDEMSA) Advocacy Committee. I am here today in support of SB 2133.

Community Paramedics are not new to North Dakota. Since at least 2014 there have been Community Paramedic programs operating in both rural and urban cities across the state. In 2015 the legislature authorized Medicaid to reimburse for Community Paramedic services and this bill expands on that by further defining the scope of service eligible for reimbursement.

Community Paramedicine is the concept of allowing paramedics to operate as an extension of public health, primary care, or other stakeholder partnership to improve the health of the community. The key is to fill gaps in existing healthcare programs, not to duplicate or compete with other successful programs.

States around the country are leveraging Community Paramedicine to address rural community health care needs. There is a growing body of evidence that indicates using this community resource can keep people out of the hospital, reduce emergency services utilization, and can help individuals with chronic disease adhere to treatment that keeps them healthier longer. This is an innovative use of the limited rural community resources that works.

An example in North Dakota is a program, over a one-year timeframe, reduced ED visits by 30% and Admissions by 42% in patients referred to the program. The cumulative healthcare savings totaled over \$1.2 million.

Furthermore, the proposed amendments will exempt EMS personnel from chapter 43-48 which would allow paramedics to perform point-of-care testing in both the community paramedic and emergency setting.

Lastly, the amendments redefines EMS in chapter 23-27. There is currently a pilot program through the Centers of Medicare and Medicaid Innovation to allow ambulances to transport patients to approved "alternate destinations." This may include urgent care or other healthcare facilities that can adequately treat the patient. This amendment would enable North Dakota ambulances to participate in this innovative model in the future.

This concludes my testimony, I am happy to answer any questions you may have.

SENATE HUMAN SERVICES COMMITTEE

SB 2133

Testimony of Jay Metzger, PA-C

North Dakota Academy of Physician Assistants

January 19, 2021

Chairman Lee, Members of the Senate Human Services Committee, my name is Jay Metzger. I am a physician assistant (PA) and current president of the North Dakota Academy of Physician Assistants (NDAPA). The NDAPA supports SB 2133; however, requests that PAs also be included as supervising providers for EMS personnel along with physicians and advanced practice nurses.

PAs are well qualified and trained in the medical model, similar to physicians but in a condensed form, and include all the areas that are outlined in the bill. PAs serve in many of the communities that these services could be offered. Many PAs, including myself, are former paramedics or EMTs and know the intricacies of EMS and how the system best serves patients. PAs that serve as a supervising provider for community paramedics and other EMTs would also help alleviate the strain on many of our physician colleagues that are already pulled in many directions for their expertise.

The services outlined in this bill will be of much benefit to the citizens of North Dakota, especially those that are underserved and/or in rural communities.

Our ability to provide adequate follow-up assessments and care is often limited due to transportation issues, patient compliance, and the availability of clinic appointments. Assessments provided by community paramedics, advanced practice EMTs, and EMTs will help fill a void in the ongoing medical care of our citizens.

Chairman Lee and Members of the Senate Human Services Committee, I, and the members of the NDAPA ask for your support and a DO PASS on SB 2133 with the amendment including PAs that has been provided.

Thank you for your time.

A handwritten signature in black ink, appearing to read 'Jay R. Metzger', with a stylized, cursive-like flourish.

Jay R. Metzger, PA-C

President, North Dakota Academy of Physician Assistants

NDAPAbord@gmail.com

PROPOSED AMENDMENT TO SENATE BILL 2133

Page 2, line 30: after “physician” insert “, physician assistant,”

Renumber accordingly.

Lisa Pulkrabek
4795 Co Rd 82
Mandan, ND 58554
701-595-4264
wadenlisa@aol.com
Jan 19, 2021

Hello Members of the Senate Human Services Committee,

I am writing to you today in opposition to SB 2133, regarding paramedics and first responders administering vaccinations. I am recommending a DO NOT PASS action on this bill because the wording below does not specifically say that the patient needs to be awake, coherent and able to sign a form giving the paramedic / first responder permission for any such vaccinations. The wording is vague and allows for medical personnel to decide for the patient if he / she is unconscious, as to whether the patient "needs" a vaccine or not. THIS IS TOTALLY UNACCEPTABLE.

The section I highlighted below, may give the medical director some "permission" to vaccinate patients against their will if the CDC has proclaimed some pandemic or claims vaccinating every patient will protect the masses. There is absolutely no reason that a patient on route to the ER would immediately need a vaccination of any kind. That should be done when the patient is out of immediate danger, they are calm and collected and can make an informed decision as to whether or not they need a vaccine or not. Vaccinating a patient while in medical distress from heart attack, stroke, auto accident or other trauma could further harm the patient. PLEASE VOTE NO on the amendment of this SECTION 2. AMENDMENT. Section 23-27-04.9 of the North Dakota Century Code .

23-27-04.9. Administration of influenza vaccination / vaccinations.

1. A licensed emergency medical technician-paramedic working for a hospital or an emergency medical services operation may administer the influenza vaccine to an individual who is at least eighteen years of age if:

a. The physician providing oversight for the emergency medical services operation or the hospital medical director has established protocols that meet department standards that may be based on the advisory committee on immunization practices of the federal centers for disease control and prevention; and

b. The emergency medical technician-paramedic has satisfactorily completed a department-approved course on administering vaccines.

2. If a hospital or emergency medical services operation allows the administration of vaccines under this section, the hospital or emergency medical services operation shall maintain records

documenting the emergency medical technician-paramedic's completion of the training required under subsection 1. These records are subject to review by the department.

THANK YOU !!! Lisa Pulkrabek

SENATE HUMAN SERVICES
JUDY LEE, CHAIRMAN JANUARY 19, 2021

TESTIMONY BY
ALEXIS WANGLER
RE: SENATE BILL NO. 2133

Mrs. Chairman and members of the House Human Services, my name is Alexis Wangler. I am the Co-Founder and President of the 501(c)(3) nonprofit Health Freedom North Dakota. This is my written testimony in regard to Senate Bill No. 2133.

I am strongly in opposition of this bill. This bill would allow emergency medical technicians the ability to administer any vaccine to an individual over the age of 18 years old. I think that is a very dangerous idea.

Typically, when in emergent situations, emergency medical technicians do not have access to an individuals' vaccine records. Without access to his or her vaccine records, how would the emergency medical technician know which vaccine the individual has already had? Allowing emergency medical technicians the ability to administer vaccines could result in an individual receiving a double dose of a particular vaccine.

Also, in emergent situations, individuals are usually incoherent or incapacitated. He or she would not be able to give true informed consent to the vaccine that the emergency medical technician planned to administer. Administering a vaccine to an individual who is incoherent or incapacitated is a violation of the Nuremburg code and bodily autonomy.

Like all medicine, vaccines are not one size fits all. There are risks involved with vaccines including death. The Vaccine Injury Compensation Program (VICP) acknowledges and compensates for injury and death as a result of vaccination. Many peer reviewed studies evidence severe adverse events that can occur from vaccination. The National Childhood Vaccine Injury Act of 986 was in response to failing vaccine manufacturers overrun with injury and death lawsuits from vaccines, namely DPT.

The only place a vaccine should be given is at the doctor's office. At the doctor's office, the nurse or doctor is able to check his or her vaccine records. If the individual agrees to a vaccine, his or her chart can easily be updated to show that.

I urge you to agree to not pass this bill. It is dangerous & reckless. Thank you for your time & consideration.

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

SB 2133
2/8/2021

A BILL for an Act to amend and reenact sections 23-27-04.3, 23-27-04.9, and 50-24.1-38 of the North Dakota Century Code, relating to services provided by community paramedics, community emergency medical technicians, and community advanced emergency medical technicians; and to provide a penalty.

Madam Chair Lee opens discussion on SB 2133 at 9:49 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Amendment 21.0560.01002 proposal
- Expanding scope of practice by rule

[9:49] Senator K. Roers, District 27. Provided committee with proposed amendment 21.0560.01002. (testimony #5860)

Senator Hogan moves to **ADOPT AMENDMENT 21.0560.01002**
Senator Clemens seconded

Voice Vote – motion passed

Senator Anderson moves **DO PASS, AS AMENDED.**
Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	Y

The motion passed 6-0-0

Senator K. Roers will carry SB 2133.

Additional written testimony: N/A

Madam Chair Lee closed the discussion on SB 2133 at 9:56 a.m.

Justin Velez, Committee Clerk

February 8, 2021

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2/8
1 of 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2133

Page 1, line 1, after "reenact" insert "subsection 2 of section 23-27-02, subsection 2 of section 23-27-04, and"

Page 1, line 2, remove "community paramedics,"

Page 1, remove line 3

Page 1, line 4, replace "technicians" with "emergency medical services operations and emergency medical services personnel"

Page 1, after line 6, insert:

"SECTION 1. AMENDMENT. Subsection 2 of section 23-27-02 of the North Dakota Century Code is amended and reenacted as follows:

2. "Emergency medical services" means the prehospital medical stabilization or transportation, including interfacility transportation, of an individual who is sick, injured, wounded, or otherwise incapacitated or helpless, or in a real or perceived acute medical condition, by a person that holds oneself out to the public as being in that service or that regularly provides that service. The term includes:
 - a. Assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions; or
 - b. Transporting a patient who is in a real or perceived acute medical condition to a hospital emergency room or other appropriate medical destination.

SECTION 2. AMENDMENT. Subsection 2 of section 23-27-04 of the North Dakota Century Code is amended and reenacted as follows:

2. An officer, employee, or agent of any prehospital emergency medical services operation may refuse to transport an individual for which transport is not medically necessary and may recommend an alternative course of action to that individual if the prehospital emergency medical service has developed protocols ~~that include direct medical control to refuse transport of an individual.~~

Page 1, line 12, remove "paramedics, community emergency medical technicians, and community advanced"

Page 1, line 13, replace "emergency medical technicians;" with "emergency medical services personnel."

Page 1, line 13, remove the overstrike over ";"

Page 1, line 13, remove the second underscored semicolon

Page 2, line 1, after "vaccinations" insert "- Laboratory testing"

Page 2, line 2, after "licensed" insert "or certified"

CS
2/18
2 of 2

Page 2, line 2, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 9, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 13, overstrike "technician-paramedic's" and insert immediately thereafter "services personnel's"

Page 2, after line 15, insert:

"3. Licensed or certified emergency medical services personnel may perform laboratory testing authorized by rule adopted by the health council."

Page 2, line 20, remove "paramedics."

Page 2, remove line 21

Page 2, line 22, replace "technicians" with "emergency medical services personnel"

Page 2, line 24, remove "paramedic, community advanced emergency medical technician, and"

Page 2, line 25, replace "community emergency medical technician" with "emergency medical services personnel"

Page 2, line 30, after "physician" insert ", physician assistant,"

Page 3, line 2, overstrike "paramedics" and insert immediately thereafter "emergency medical services personnel"

Page 3, line 4, after "physician" insert ", a physician assistant,"

Page 3, line 6, overstrike "paramedic" and insert immediately thereafter "emergency medical services personnel"

Page 3, line 6, after "or" insert "an"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2133: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2133 was placed on the Sixth order on the calendar.

Page 1, line 1, after "reenact" insert "subsection 2 of section 23-27-02, subsection 2 of section 23-27-04, and"

Page 1, line 2, remove "community paramedics,"

Page 1, remove line 3

Page 1, line 4, replace "technicians" with "emergency medical services operations and emergency medical services personnel"

Page 1, after line 6, insert:

"SECTION 1. AMENDMENT. Subsection 2 of section 23-27-02 of the North Dakota Century Code is amended and reenacted as follows:

2. "Emergency medical services" means the prehospital medical stabilization or transportation, including interfacility transportation, of an individual who is sick, injured, wounded, or otherwise incapacitated or helpless, or in a real or perceived acute medical condition, by a person that holds oneself out to the public as being in that service or that regularly provides that service. The term includes:
 - a. Assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions; or
 - b. Transporting a patient who is in a real or perceived acute medical condition to a hospital emergency room or other appropriate medical destination.

SECTION 2. AMENDMENT. Subsection 2 of section 23-27-04 of the North Dakota Century Code is amended and reenacted as follows:

2. An officer, employee, or agent of any prehospital emergency medical services operation may refuse to transport an individual for which transport is not medically necessary and may recommend an alternative course of action to that individual if the prehospital emergency medical service has developed protocols ~~that include direct medical control~~ to refuse transport of an individual."

Page 1, line 12, remove "paramedics, community emergency medical technicians, and community advanced"

Page 1, line 13, replace "emergency medical technicians;" with "emergency medical services personnel."

Page 1, line 13, remove the overstrike over ";"

Page 1, line 13, remove the second underscored semicolon

Page 2, line 1, after "**vaccinations**" insert "**- Laboratory testing**"

Page 2, line 2, after "licensed" insert "or certified"

Page 2, line 2, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 9, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 13, overstrike "technician-paramedic's" and insert immediately thereafter "services personnel's"

Page 2, after line 15, insert:

"3. Licensed or certified emergency medical services personnel may perform laboratory testing authorized by rule adopted by the health council."

Page 2, line 20, remove "paramedics."

Page 2, remove line 21

Page 2, line 22, replace "technicians" with "emergency medical services personnel"

Page 2, line 24, remove "paramedic, community advanced emergency medical technician, and"

Page 2, line 25, replace "community emergency medical technician" with "emergency medical services personnel"

Page 2, line 30, after "physician" insert ", physician assistant."

Page 3, line 2, overstrike "paramedics" and insert immediately thereafter "emergency medical services personnel"

Page 3, line 4, after "physician" insert ", a physician assistant."

Page 3, line 6, overstrike "paramedic" and insert immediately thereafter "emergency medical services personnel"

Page 3, line 6, after "or" insert "an"

Renumber accordingly

21.0560.01002
Title.

Prepared by the Legislative Council staff for
Senator K. Roers

February 3, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2133

Page 1, line 1, after "reenact" insert "subsection 2 of section 23-27-02, subsection 2 of section 23-27-04, and"

Page 1, line 2, after "by" insert "emergency medical services operations,"

Page 1, line 2, remove "paramedics,"

Page 1, remove line 3

Page 1, line 4, replace "technicians" with "emergency medical services personnel"

Page 1, line 12, remove "paramedics, community emergency medical technicians, and community advanced"

Page 1, line 13, replace "emergency medical technicians;" with "emergency medical services personnel."

Page 1, line 13, remove the overstrike over the overstruck comma

Page 1, line 13, remove the second underscored semicolon

Page 1, after line 22, insert:

"SECTION 2. AMENDMENT. Subsection 2 of section 23-27-02 of the North Dakota Century Code is amended and reenacted as follows:

2. "Emergency medical services" means the prehospital medical stabilization or transportation, including interfacility transportation, of an individual who is sick, injured, wounded, or otherwise incapacitated or helpless, or in a real or perceived acute medical condition, by a person that holds oneself out to the public as being in that service or that regularly provides that service. The term includes:
 - a. Assessing, stabilizing, and treating life-threatening and non-life-threatening medical conditions; or
 - b. Transporting a patient who is in a real or perceived acute medical condition to a hospital emergency room or other appropriate medical destination.

SECTION 3. AMENDMENT. Subsection 2 of section 23-27-04 of the North Dakota Century Code is amended and reenacted as follows:

2. An officer, employee, or agent of any prehospital emergency medical services operation may refuse to transport an individual for which transport is not medically necessary and may recommend an alternative course of action to that individual if the prehospital emergency medical service has developed protocols ~~that include direct medical control~~ to refuse transport of an individual."

Page 2, line 1, after "vaccinations" insert "- Laboratory testing"

Page 2, line 2, after "licensed" insert "or certified"

Page 2, line 2, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 9, overstrike "technician-paramedic" and insert immediately thereafter "services personnel"

Page 2, line 13, overstrike "technician-paramedic's" and insert immediately thereafter "services personnel's"

Page 2, after line 15, insert:

"3. Licensed or certified emergency medical services personnel may perform laboratory testing authorized by rule adopted by the health council."

Page 2, line 20, remove "paramedics."

Page 2, remove line 21

Page 2, line 22, replace "technicians" with "emergency medical services personnel"

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Page 2, line 25, replace "community emergency medical technician" with "emergency medical services personnel"

Page 2, line 30, after "physician" insert ", physician assistant."

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Page 3, line 4, after "physician" insert ", a physician assistant."

Page 3, line 6, overstrike "paramedic" and insert immediately thereafter "emergency medical services personnel"

Page 3, line 6, after "or" insert "an"

Renumber accordingly

2021 HOUSE HUMAN SERVICES

SB 2133

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2133
3/9/2021

Relating to services provided by emergency medical services operations and emergency medical services personnel; and to provide a penalty

Chairman Weisz opened the hearing at 2:20 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	A
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Community paramedicine
- Paramedic education
- Point-of-care testing

Bill Kalanek, Lobbyist (2:21) introduced Adam Parker, Chair Advocacy Committee North Dakota EMS Association.

Adam Parker, Chair Advocacy Committee North Dakota EMS Association (2:21) testified in favor and submitted testimony #8299.

Krista Fremming, Assistant Director Medical Services Division Department of Human Services (2:41) testified in favor and submitted testimony #8247.

Additional written testimony: #8321

Chairman Weisz adjourned at 2:45 p.m.

Tamara Krause, Committee Clerk

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Testimony
Senate Bill 2133
House Human Service Committee
Tuesday, March 9 2021; 2:00 a.m.
North Dakota Emergency Medical Services Association

Good afternoon, Chairman Weisz and members of the committee. My name is Adam Parker, and I am the Chair of the North Dakota Emergency Medical Services Association's (NDEMSA) Advocacy Committee. I am here today in support of SB 2133.

Community Paramedics are not new to North Dakota. Since at least 2014 there have been Community Paramedic programs operating in both rural and urban cities across the state. In 2015 the legislature authorized Medicaid to reimburse for Community Paramedic services and this bill expands on that by further defining the scope of service eligible for reimbursement.

Community Paramedicine is the concept of allowing paramedics to operate as an extension of public health, primary care, or other stakeholder partnership to improve the health of the community. The key is to fill gaps in existing healthcare programs, not to duplicate or compete with other successful programs.

States around the country are leveraging Community Paramedicine to address rural community health care needs. There is a growing body of evidence that indicates using this community resource can keep people out of the hospital, reduce emergency services utilization, and can help individuals with chronic disease adhere to treatment that keeps them healthier longer. This is an innovative use of the limited rural community resources that works.

An example in North Dakota is a program, over a one-year timeframe, reduced ED visits by 30% and Admissions by 42% in patients referred to the program. The cumulative healthcare savings totaled over \$1.2 million.

Furthermore, other important components of the bill include an exemption of EMS personnel from chapter 43-48 which would allow paramedics to perform point-of-care testing in both the community paramedic and emergency setting.

Lastly, the bill expands on the definition of EMS in chapter 23-27. There is currently a pilot program through the Centers of Medicare and Medicaid Innovation to allow ambulances to transport patients to approved "alternate destinations." This may include urgent care or other healthcare facilities that can adequately treat the patient. The proposed changes would enable North Dakota ambulances to participate in this innovative model in the future.

This concludes my testimony, I am happy to answer any questions you may have.

Testimony

Engrossed Senate Bill 2133 – Department of Human Services

House Human Services Committee

Representative Robin Weisz, Chairman

March 9, 2021

Chairman Weisz, members of the House Human Services Committee, my name is Krista Fremming, Assistant Director of the Medical Services Division for the Department of Human Services (Department). I am here today in support of Engrossed Senate Bill 2133, which will establish a credentialing system for community emergency medical services personnel. The bill will also expand North Dakota Medicaid coverage for services provided by these practitioners.

The Department supports Engrossed Senate Bill 2133 because:

- Expansion of the roles of community emergency medical services personnel will help address the state's health care workforce shortage; and
- It will facilitate access to care and improved outcomes for high-risk Medicaid members, leading to decreased utilization of services such as emergency departments and overall lower costs of care for members who have access to these services.

This concludes my testimony. I would be happy to answer any questions.



2021 SB 2133
House Human Services Committee
Representative Robin Weisz, Chairman
March 9, 2021

Chairman Weisz and members of the House Human Services Committee, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I testify in support of Engrossed Senate Bill 2133 and ask that you give this bill a **Do Pass** recommendation.

NDHA supports the bill because it promotes services provided by emergency service personnel such as community paramedics, community emergency medical technicians, and community advanced emergency medical technicians. It allows these professionals to provide some health services outside the traditional emergency response and transport roles. The goal is to improve access to care and avoid duplicating existing services.

We believe it would be beneficial for the state to prescribe minimum training, testing, certification, licensure, and quality review standards for emergency medical services personnel, including community paramedics, community EMTs, and community advanced EMTs; instructors; and training institutions. Emergency medicine services can include health assessments, chronic disease monitoring and education, vaccinations, laboratory specimen collection, medication management, and other interventions within the scope of practice for each licensure level. So, it will be appropriate to define the minimum training and testing to perform such services.

We also support allowing these health professionals to administer vaccinations as provided in the bill. Since the outbreak of the Influenza A (H1N1) virus in 2009, federal and state governmental agencies, and state and local public health departments have been encouraged to use non-traditional resources such as local EMS personnel to participate in the vaccination process. This initiative becomes even more important now with the COVID-19 pandemic, which presents an increase in the need for public health vaccinations.

We also support Medicaid coverage of these important services. Achieving widespread reimbursement for emergency services personnel services has been challenging in the past. Increasing coverage by private and public payers will increase the potential for emergency medicine personnel services to help lower healthcare costs and address access challenges.

In summary, NDHA supports the bill and asks that you give it a Do Pass recommendation. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2133
3/22/2021

Relating to services provided by emergency medical services operations and emergency medical services personnel; and to provide a penalty

Chairman Weisz opened the committee meeting at 11:25 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	A
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Grandfathering personnel
- Training standards
- Emergency care technician
- National registry exam

Rep. Todd Porter (11:25) moved **Do Pass**

Rep. Gretchen Dobervich (11:25) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	N
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	Y

Representative Mary Schneider	Y
Representative Kathy Skroch	A
Representative Bill Tveit	Y
Representative Greg Westlind	Y

Motion Carried 12-1-1

Bill Carrier: Rep. Clayton Fegley

Chairman Weisz adjourned at 11:30 a.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2133, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (12 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING).
Engrossed SB 2133 was placed on the Fourteenth order on the calendar.